

FEC  
FORM 3

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED  
PAGE 1 / 11  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

15 APR 15 PM 4:13

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Coburn for Senate 2010

ADDRESS (number and street)

228 S. Washington St., Ste. 115

Check if different  
than previously  
reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00409888

3. IS THIS  
REPORT

☐

NEW  
(N)

OR

☐

AMENDED  
(A)

OK

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

☒ Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lisa Lisker

Signature of Treasurer

Lisa Lisker

*Lisa Lisker*

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
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FEC FORM 3  
(Revised 02/2003)